FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

For A	n Authorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full) USE FEC MOR TYPE OF	AILING LABEL Example:If typing, typ over the lines	e
Carol Shea-Porter for Congress		
ADDRESS (number and street) [P.O. Box	x 453	
Check if different		
than previously reported. (ACC)	er	NH 03866
2. FEC IDENTIFICATION NUMBER \(\psi\)	CITY A	STATE ▲ ZIP CODE ▲ STATE ▼ DISTRIC
C00419978	3. IS THIS X NEW (N)	OR AMENDED NH 01
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) 12-Day PRE -Election Report	for the:
April 15 Quarterly Papart (Q1)	Primary (12P)	General (12G) Runoff (12R)
April 15 Quarterly Report (Q1)	Convention (12	C) Special (12S)
July 15 Quarterly Report (Q2)		in the
October 15 Quarterly Report (Q3	B) Election on	State of
X January 31 Year-End Report (YE	(c) 30-Day POST -Election Report	for the:
	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 1 1 2 8	2006 through	12 31 2006
I certify that I have examined this Report and to Type or Print Name of Treasurer Wil	the best of my knowledge and belief it is trulliam R. Parker	ue, correct and complete.
VI- 2		
Signature of Treasurer Electronically Filed b	y William R. Parker	Date 0 1 3 1 2 0 0 7
NOTE : Submission of false, erroneous, or inco	omplete information may subject the person	signing this Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)